

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE (in full)<br><b>Foushee for Congress</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TYPE OR PRINT<br><b>PO Box 16446</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Example: If typing, type over the lines.<br><b>12FE4M5</b>                                                                      |  |
| ADDRESS (number and street)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | STATE                                                                                                                           |  |
| <input type="checkbox"/> Check if different than previously reported. (ACC)                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Chapel Hill</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>NC</b>                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>27516</b>                                                                                                                    |  |
| 2. FEC IDENTIFICATION NUMBER<br><b>C C00794727</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 3. IS THIS REPORT<br><input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 4. STATE DISTRICT<br><b>NC 04</b><br>For Candidates Only                                                                        |  |
| 5. TYPE OF REPORT<br>(Choose One)<br>(a) Quarterly Reports:<br><input type="checkbox"/> April 15 Quarterly Report (Q1)<br><input type="checkbox"/> July 15 Quarterly Report (Q2) and/or Semi-annual Report<br><input type="checkbox"/> October 15 Quarterly Report (Q3)<br><input type="checkbox"/> January 31 Year-End Report (YE) and/or Semi-annual Report<br><input type="checkbox"/> July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report |  | (b) Monthly Report Due On:<br><input type="checkbox"/> Feb 20 (M2) <input type="checkbox"/> May 20 (M5) <input type="checkbox"/> Aug 20 (M8) <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)<br><input type="checkbox"/> Mar 20 (M3) <input type="checkbox"/> Jun 20 (M6) <input type="checkbox"/> Sep 20 (M9) <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)<br><input type="checkbox"/> Apr 20 (M4) <input type="checkbox"/> Jul 20 (M7) and/or Semi-annual Report <input type="checkbox"/> Oct 20 (M10) <input type="checkbox"/> Jan 31 (YE) and/or Semi-annual Report |  |                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | (c) 12-Day PRE-Election Report for the:<br><input type="checkbox"/> Primary (12P) <input checked="" type="checkbox"/> General (12G) <input type="checkbox"/> Runoff (12R)<br><input type="checkbox"/> Special (12S) <input type="checkbox"/> Convention (12C)<br>Election on <b>11 / 05 / 2024</b> in the State of <b>NC</b><br>This report also covers the semi-annual period <input type="checkbox"/> See Line 6(b)                                                                                                                                                                                    |  |                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | (d) 30-Day POST-Election Report for the:<br><input type="checkbox"/> General (30G) <input type="checkbox"/> Runoff (30R) <input type="checkbox"/> Special (30S)<br>Election on <b> / / </b> in the State of <b> </b><br>This report also covers the semi-annual period <input type="checkbox"/> See Line 6(b)                                                                                                                                                                                                                                                                                            |  |                                                                                                                                 |  |
| 6. Covered Period(s)<br>This report covers <b>10 / 01 / 2024</b> through <b>10 / 16 / 2024</b> and/or                                                                                                                                                                                                                                                                                                                                                                            |  | (a) Quarterly/Monthly/Pre-/Post-Election Covered Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | (b) Semi-annual Covered Period<br><input type="checkbox"/> January 1 - June 30<br><input type="checkbox"/> July 1 - December 31 |  |
| 7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs                                                                                                                                                                                                                                                                                                                                                                                   |  | (a) Quarterly/Monthly/Pre-/Post-Election Covered Period<br><b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | (b) Semi-annual Covered Period                                                                                                  |  |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Cousins, Jane, , ,**

Signature of Treasurer **Cousins, Jane, , ,** Date **10 / 24 / 2024**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only